Ultravate® (halobetasol propionate cream) Cream, 0.05% contains halobetasol propionate, a synthetic corticosteroid for topical dermatological use. The corticosteroids constitute a class of primarily synthetic steroids that act as anti-inflammatory and antipruritic agents.

Halobetasol propionate has the molecular weight of 605.3. It is a white crystalline powder insoluble in water.

Each gram of Ultravate Cream contains 0.5 mg of halobetasol propionate in a cream base of cetyl alcohol, glycerin, isopropyl palmitate, isopropyl palmitate, sodium lauryl sulfate, methylparaben, methylparaben, paraffin wax, petrolatum, purified water, sodium stearate, and white petrolatum.

CLINICAL PHARMACOLOGY

Like other topical corticosteroids, halobetasol propionate has anti-inflammatory, antipruritic and vasoconstrictive actions. The mechanism of the anti-inflammatory activity of the topical corticosteroids, in general, is unclear; however, corticosteroids are thought to act by the induction of phospholipase A2 inhibitory proteins, collectively called lipocortins. It is postulated that these proteins control the biosynthesis of potent mediators of inflammation such as prostaglandins and leukotrienes by inhibiting the release of their common precursor arachidonic acid. Arachidonic acid is released from membrane phospholipids by phospholipase A2.

Pharmacokinetics

The extent of percutaneous absorption of topical corticosteroids is determined by many factors including the vehicle and the integrity of the skin barrier. Occlusive dressings with corticosteroids for up to 24 hours have not been shown to increase percutaneous absorption, however; occlusion of dermatitis for 24 hours markedly enhances penetration. Topical corticosteroids can be absorbed from normal intact skin and therefore their use in the intact skin may produce potentially systemic effects.

General

As with other highly active corticosteroids, therapy should be discontinued when control has been achieved. If no improvement is seen within 2 weeks, reevaluation of the diagnosis may be necessary.

CONTRAINDICATIONS

Ultravate Cream is contraindicated in those patients with a history of hypersensitivity to any of the components of the preparation.

PRECAUTIONS

Systemic absorption of topical corticosteroids can produce reversible hypothalamic-pituitary-adrenal (HPA) axis suppression with the potential for glucocorticosteroid insufficiency after withdrawal of treatment. Manifestations of Cushing syndrome, hyperglycemia, and glucocorticoid toxicity can occur in some patients by systemic absorption of topical corticosteroids while in treatment.

Patients applying topical steroids to a large surface area or to areas under occlusion should be evaluated periodically for evidence of HPA axis suppression. This may be done by using the ACTH stimulation, A 30 minutes cortisol, and urinary free cortisol test. Patients on treatment with high potency topical corticosteroids should not exceed 50 g/week because of the potential for the drug to suppress the hypothalamic-pituitary-adrenal (HPA) axis. Use in children under 12 years of age is not recommended.

Pediatric patients may be more susceptible to systemic toxicity from equivalent doses due to their larger skin surface to body mass ratios (see PRECAUTIONS: Pediatric Use).

Treatment dermatitis, Ultravate Cream should be discontinued and appropriate therapy instituted. Allergic contact dermatitis with irritation may occur; however, if irritation develops, Ultravate Cream should be discontinued and appropriate therapy instituted. Allergic contact dermatitis with irritation may occur.

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Information for Patients

Patients using topical corticosteroids should receive the following information and instructions:

1. This medication is to be used as directed by the physician. It is for external use only. Avoid contact with the eyes.

2. Ultravate Cream should not be used in the treatment of rosacea or perioral dermatitis, and it should not be used on the face, groin, or in the axillae.

3. Ultravate Cream is a potent topical corticosteroid. Recovery of HPA axis function is generally prompt upon discontinuation of topical corticosteroids.

4. If HPA axis suppression is noted, an attempt should be made to withdraw the drug, to reduce the frequency of application, or to substitute a less potent corticosteroid. Recovery of HPA axis function is generally prompt upon discontinuation of topical corticosteroids.

5. Ultravate Cream contains a preservative. The potential exists for percutaneous absorption when used in infants and in patients with abnormally permeable skin.

6. Studies performed with Ultravate Cream indicate that it is in the super-high range of potency as compared with other topical corticosteroids.

7. Ultravate Cream is a steroid and as such may produce the same adverse reactions as other corticosteroids. For information on systemic supplementation, see prescribing information for those products.

96 hours following topical administration of the cream.

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been reported in children receiving topical corticosteroids. Manifestations of adrenal suppression in children include low plasma
fontanelles, headaches, and bilateral papilledema.  

In controlled clinical trials, the most frequent adverse events reported for Ultravate Cream included stinging, burning or itching in 4.4%
as well as dryness, pruritus, or erythema in 0.9% of patients. Less frequently reported adverse reactions were acneiform eruptions, crusting, crusting, hoarse voice, hoarseness, and episodes of gingivitis.

Pediatric Use

Hypertrophic scar, atrophy, and lichen simplex chronicus have been reported with high potency corticosteroids, including Ultravate Cream. There have been also case reports of suppression of the hypothalamic-pituitary-adrenal (HPA) axis in children treated with topical corticosteroids. In controlled clinical trials, the most frequent adverse events reported for Ultravate Cream included stinging, burning or itching in 4.4%

Carcinogenesis, Mutagenesis, and Impairment of Fertility

In other genetic toxicity testing, halobetasol propionate was found to be genotoxic in the Ames/Salmonella assay, in the sister chromatid exchange test in somatic cells of the Chinese hamster, in chromosome aberration studies of peripheral and amniotic cells of the rat, and in a mammalian test to determine point mutations.

Pregnancy

Corticosteroids have been shown to be teratogenic in laboratory animals when administered systemically at relatively low dosage levels. Some corticosteroids have been shown to be teratogenic after dermal application in laboratory animals. Halobetasol propionate has been shown to be teratogenic in SPF rats and chinchilla-type rabbits when given systemically during gestation at doses of 0.04 to 0.1 mg/kg in SPF rats and 0.5 mg/kg in rabbits. These doses are approximately 13, 33 and 3 times, respectively, the human topical dose of Ultravate Cream. Halobetasol propionate was embryotoxic in rabbits but not in rats. Ultravate Cream should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.  

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